



MEMBERSHIP APPLICATION/RENEWAL

APPLICANT DETAILS

DATE

FIRST NAME LASTNAME

ADDRESS DATE OF BIRTH

SUBURB HOME PHONE

STATE MOBILE PHONE

POST CODE EMAIL ADDRESS

AMPUTEE STATUS

BELOW KNEE
 ABOVE KNEE
 BELOW ELBOW
 ABOVE ELBOW
 MULTIPLE AMP
 BELOW WRIST
 BELOW ANKLE
 OTHER

GOLFING EXPERIENCE

ARE YOU A MEMBER OF A GOLF CLUB (PLEASE SELECT) YES NO

WHICH GOLF CLUB? AGU HANDICAP

MEMBERSHIP

TYPE OF MEMBERSHIP

ADULT AMPUTEE \$55.00
 JUNIOR AMPUTEE \$30.00
 SOCIAL MEMBER \$40.00

MEMBERSHIPS ARE ANNUAL AND ARE DUE FOR RENEWAL PRIOR TO THE 31ST JULY

WOULD YOU LIKE TO MAKE A FURTHER DONATION TO QAGA? YES NO

(ALL DONATIONS OVER \$2 ARE TAX DEDUCTABLE)

AMOUNT OF DONATION \$

APPLICANTS SIGNATURE

PLEASE PRINT AND SIGN THE FORM AND MAIL ALONG WITH YOUR CHEQUE/ MONEY ORDER MADE PAYABLE TO QUEENSLAND AMPUTEE GOLF ASSOCIATION

QUEENSLAND AMPUTEE GOLF ASSOCIATION INC. (QAGA)
 PO BOX 274 ROBINA Q.L.D 4226